

NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	08	81399	9
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FORM OIPE-RAM-01 (Rev. 5/97)

Total Fee Calculation

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	Fee Code	Total # Claims	Number Extra X	√ Fee	Fee =	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	1.			770	770
Total Claims >20	203/103	43 -20 =	<u>23</u> x		25	500
Independent Claims >3	202/102	_5 _3=	\mathcal{L} x		80	160
Mult. Dep Claim Present	204/104					100
Surcharge	205/105				130	130
English Translation	139					/
TOTAL FEE CALCULA	ATION					1566
Fees due upon filing th	ne application:					
Total Filing Fees Due	= \$ <u>/b</u>	66				
Less Filing Fees Subm	itted - \$	Ø				
BALANCE DUE	= \$	566				
Office of Initial Patent	Examination					